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Commissioner for Patents

P.O. Box 1450  
Alexandria, VA 22313-1450  
Attn: Official Draftsman

In re Application of: Thornton, Brenda

Serial Number: 10/652,802

Examiner: Femstrom, Kurt

Filing Date: Aug. 28, 2003

Art Unit: 3714

Notice of Allowance: December 7, 2004

For: KIT FOR MAKING RUBBINGS

Dear Sir:

Enclosed are the formal drawings (10 sheets) for filing in the above-identified U.S. Patent Application.

Respectfully submitted,

Boyd D. Cox  
Reg. No. 27,120      Telephone: (479) 521-2052

P.O. Box 573  
75 N. East Avenue, Suite 506  
Fayetteville, Arkansas 72701

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I hereby certify that the formal drawings which pertain to United States Patent Application 10/652,802 are being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/652,802		
Filing Date	08/28/2003		
First Named Inventor	THORNTON, BRENDA		
Art Unit	3714		
Examiner Name	Fernstrom, Kurt		
Total Number of Pages in This Submission	11	Attorney Docket Number	THOR03

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Boyd D. Cox, Attorney at Law		
Signature			
Printed name	Boyd D. Cox		
Date	2/25/05	Reg. No.	27,120

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Typed or printed name	Boyd D. Cox	Date	2/25/05

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